

COOPERATIVE EDUCATION - OJT

TIME CARD

Month _____

School _____

Student _____

Employer _____

Employment Supervisor _____

Job Title _____

Hourly Rate _____ Total Wages _____

Date	Day	Arrived	Left	Paid Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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19				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Monthly Total

Paid Hours

Student Signature _____ Date _____

Employer Signature _____ Date _____

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Monthly Total

Paid Hours

Student Signature _____ Date _____

Employer Signature _____ Date _____